

**PEWAMO-WESTPHALIA COMMUNITY SCHOOLS
2024 FLEXIBLE SPENDING ACCOUNT CLAIM FORM**

Name –

Address –

Phone Number –

Instructions for requesting flexible spending account reimbursements –

- Complete this form. Make sure the form is signed and dated below.
- Attach supporting documentation. Documentation must show nature, amount of expense and date(s) incurred. **Documentation will not be returned so please make copies for your records.**
- Submit this completed and signed form along with supporting documentation to the Pewamo-Westphalia Community Schools Business Office no later than February 28, 2025.
- Payments for dependent care reimbursements will only be processed to the amount requested on this form or the amount currently held in the employee’s dependent care flexible spending account at the time this form is submitted to the Pewamo-Westphalia Community Schools Business Office, whichever amount is lower.
- Payments will be processed by the Pewamo-Westphalia Community Schools Business Office and will be payable directly to you. The payment cannot be assigned to the provider of the services.

Date of Service From - To	Amount of Expense	Description of Service

I request payment from my Flexible Spending Account for the above expenses. To the best of my knowledge, these expenses are eligible under the plan. I certify that they have not been reimbursed and that I will not seek reimbursement from another source. I further certify that my spouse (if married) is employed, actively seeking employment, or is a full time student for at least five months of the calendar year, or is incapable of taking care of himself or herself. I understand that these expenses may not be claimed as an income tax deduction or for an income tax credit.

Signature - _____

Signature Date - _____